PO 1885-18635

Department of State
- Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT:	ANGELICAL SERVICE (PROPOSED CORPORA)	CE JUC. TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	
	and one(1) copy of the article	8	00004193 -05/10/01(*****87.50)1096097
☐ \$70.00 l Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: FABIANA DE MELLO Name (Printed or typed) 2729 GODWIN LANE Address				
_	PENSACOLA, FL City, S (850) 453-314	32526 tate & Zip Cephone number	SECRETARY OF STA	FILED FILED

NOTE: Please provide the original and one copy of the articles.

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ARTICES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Prof	fit)
ARTICLE I NAME The name of the corporation shall be:	
. ANGELICAL SERVICE, INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2729 GODWIN LANE PENSACOLA, FL 32526 ARTICLE III PURPOSE The purpose for which the corporation is organized is: PROVADE A RANGE LEASING SERVICE	SES FOR SMALL BUSINESS
ARTICLE IV SHARES The number of shares of stock is: 100 SHARES of stock	
ARTICLE V INITIAL OFFICERS DIRECTORS (operation and address(es):	tional)
FABIANA DE MELLO 2729 GODWIN LANE PENSACOLA, FL 3252G	FILED M 9:
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
FABIANA DE MELLO 2729 GODWIN LANE PENSACOLA, FL 32526 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	n di Santa d
FABIANA DE MELLO 2729 GODWIN LANE	
PENSACOLA, FL 32526	****
Having been named as registered agent to accept service of process for the a certificate, I am familiar with and accept the appointment as registered agent	have stated corneration at the place designed to
faliana de mello	$\frac{5/9/07}{\text{Date}}$
Signature/Registered Agent	Date
faliana de mello	5/9/01 Date
Signature/Incorporator	Date